2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039161

FILED Feb 06, 2006 Secretary of State

Entity Na	me: BAYQUE	EST CAPITAL CORPORATION				
Current Principal Place of Business:			New	New Principal Place of Business:		
	RIDAN STRE DOD, FL 3302		SUITE	13680 NW 5TH STREET SUITE 220 SUNRISE, FL 33325		
Current N	lailing Addre	ss:	New	New Mailing Address:		
4651 SHERIDAN STREET #100 HOLLYWOOD, FL 33021			13680 NW 5TH STREET SUITE 220 SUNRISE, FL 33325			
FEI Number	: 41-2046959	FEI Number Applied For ()	FEI Number No	t Applicable () Certificate of St	atus Desired ()	
Name and Address of Current Registered Agent:			Name	Name and Address of New Registered Agent:		
4651 SHE HOLLYW(The above	REMY A ESQ RIDAN STRE DOD, FL 3302 e named entity e of Florida.	ET #100 21 US	ourpose of chan	ging its registered office or register	ed agent, or both,	
SIGNATU		nia Cianatura of Dogistarad An		Data		
Election Ca		nic Signature of Registered Aging Trust Fund Contribution ().	alit	Date		
OFFICER	S AND DIREC	CTORS:	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	JACOBS, DOL 4651 SHERID. HOLLYWOOD	AN STREET #100	Title: Name: Addres City-St Title: Name: Addres City-St Title: Name:	Zip: SUNRISE, FL 33325 D () Change (X) Addit LEHMAN, WILLIAM 13680 NW 5TH STREET; SUITE 2	220 ion 220	
Address: City-St-Zip: Title: Name: Address:	() Delete	Addres City-St Title: Name: Addres	s: 13680 NW 5TH STREET; SUITE 2 Zip: SUNRISE, FL 33325 VPS () Change (X) Addit REYF, ALAN	ion	
City-St-Zin			City-St	•	-20	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J JACOBS PT 02/06/2006